

## Home Development and Pre-service Training Invoice

Service Authorization/Referral #:  
Client Name & Resource ID #:

DFCS Case ID:  
SSCM Name:

Vendor Invoice #:  
Invoice Date:

Remit Checks to:	
CONTRACTOR NAME:	CONTRACT NUMBER:
ATTN:	CONTRACTOR'S ACCOUNT INVOICE #:
ADDRESS:	CITY/STATE/ZIP:

**ANNUAL BILLING MAY NOT EXCEED \$24,999 (unless the contractor is a Non-Profit)**

Date(s) of Service	Code	Description of Service & Price	Invoice Amount
	593-67a	<b>\$950.00</b> Group Pre-Service Training	\$0
	593-67b	<b>\$500.00</b> Individual Pre-Service Training	\$0
	593-E1	<b>Not to exceed \$800.00</b> Complete DFCS Foster Home Evaluation (Regular)	\$0
	593-E2	<b>Not to exceed \$800.00</b> Partial Foster Home Evaluations (Regular)	\$0
	593-E3	<b>Not to exceed \$800.00</b> Complete Adoptive and Adoptive Legal Risk Home Evaluations	\$0
	593-E4	<b>Not to exceed \$800.00</b> Partial Completed Adoptive and Adoptive Legal Risk Homes Evaluations	\$0
	593-29a	<b>Not to exceed \$350 Family Evaluation for Kinship Adoption</b>	\$0
	531-E1	<b>Not to exceed \$800.00</b> Complete Foster Home Evaluations (ICPC)	\$0
	531-29b	<b>Not to exceed \$350 Family Evaluation for Kinship Adoption</b>	\$0
		<b>Total</b>	<b>\$0.00</b>

\* Rates are inclusive of any transportation or mileage costs. No additional charges are authorized.

I, the undersigned, certify that the services or products shown above have been provided according to the terms of the contract and that the payment amount claimed accurately reflects the contracted rate.

\_\_\_\_\_  
Contractor's Signature/Date

\_\_\_\_\_  
DHS Approving Authority

\_\_\_\_\_  
Typed Name/Title

\_\_\_\_\_  
Typed Name/Title

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Date Approved

July 1, 2022